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UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Caption:

WANDA BENE
TITUS-WILLIAMS

Full name(s) of Plaintiff(s)

COMPLAINT
FOR EMPLOYMENT
DISCRIMINATION

FILED

OCT 11 2019

By KATE BARRMAN, Clerk
Dep. Clerk

CIVIL ACTION

NO. 19 4743

v.

SOUTHEASTERN
PENNSYLVANIA
TRANSPORTATION AUTHORITY

Full name(s) of Defendant(s)

This action is brought for discrimination in employment pursuant to (check only those that apply):

☒

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

☐

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621-634.

NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission, and you must have been at least 40 years old at the time you believe that you were discriminated against.

☒

Americans with Disability Act of 1990, as codified, 42 U.S.C. §§ 12112-12117.

NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

☐

Pennsylvania Human Relations Act, as codified, 43 Pa. Cons. Stat. §§ 951-963 (race, color, family status, religious creed, ancestry, handicap or disability, age, sex, national origin, the use of a guide or support animal because of blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals).

(Rev. 10/2009)

OCT 11 2019

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NOTE: In order to bring suit in federal district court under the Pennsylvania Human Relations Act, you must first file a complaint with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations, and then you must wait one year prior to filing a lawsuit.

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name: WANDA PENELE TITUS-WILLIAMS
Street Address: 4936 NORTH 19th STREET
County, City: PHILADELPHIA
State & Zip: PA 19141
Telephone Number: (267) 804-0238

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page. Attach additional sheets of paper as necessary.

Defendant Name: JAMES SCHIRG
Street Address: 110 VICTORY AVENUE, 2ND FLOOR
County, City: UPPER DARBY
State & Zip: PA 19082
Telephone Number: (215) 580-3945

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer: SOUTHEASTERN PENNSYLVANIA TRANSPORTATION AUTHORITY
Street Address: 1234 MARKET STREET
County, City: PHILADELPHIA
State & Zip: PA 19107
Telephone Number: (215) 580-7315

II. Statement of the Claim

- A. The discriminatory conduct of which I complain in this action includes (check only those that apply to your case):

☐ Failure to hire me
☒ Termination of my employment
☐ Failure to promote me

- ☒ Failure to reasonably accommodate my disability
☐ Failure to reasonably accommodate my religion
☐ Failure to stop harassment
☐ Unequal terms and conditions of my employment
☐ Retaliation
☒ Other (specify): FMLA ^{Law} Act ; ADA rights were violated

NOTE: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.

B. It is my best recollection that the alleged discriminatory acts occurred or began on or about: (month) JULY, (day) 09, (year) 2018.

C. I believe that the defendant(s) (check one):

- ☒ is still committing these acts against me.
☐ is **not** still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and state the basis for discrimination, for example, what is your religion, if religious discrimination is alleged):

- ☐ race _____ ☐ color _____
☐ religion _____ ☒ gender/sex FEMALE
☐ national origin _____
☐ age My date of birth is _____ (Give your date of birth only if you are asserting a claim of age discrimination)

E. The facts of my case are as follow (attach additional sheets of paper as necessary):

I worked for the Defendant as a BUS OPERATOR
from DECEMBER 4, 2000 until my termination JULY 9, 2018.

I AM A DISABLED INDIVIDUAL

I HAD BACK SURGERY ON JULY 3, 2018. I WAS TOLD BY
THE DEFENDANT TO REPORT TO WORK ON JULY 9, 2018.
I NEEDED ANOTHER YEAR TO RECOVER.

NOTE: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the Pennsylvania Human Relations Commission, or the Philadelphia Commission on Human Relations.

III. Exhaustion of Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on: APRIL 30, 2018 (Date).

B. The Equal Employment Opportunity Commission (check one):

☐ has not issued a Notice of Right to Sue Letter.
☒ issued a Notice of Right to Sue Letter, which I received on 07/25/19 (Date).

NOTE: Attach to this complaint a copy of the Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

C. Only plaintiffs alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):

☐ 60 days or more have passed.
☐ fewer than 60 days have passed.

D. It is my best recollection that I filed a charge with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct on: _____ (Date).

E. Since filing my charge of discrimination with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct (check one):

☐ One year or more has passed.
☐ Less than one year has passed.

IV. Relief

WHEREFORE, Plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs as well as (*check only those that apply*):

- ☒ Direct the defendant to hire the plaintiff.
- ☒ Direct the defendant to re-employ the plaintiff.
- ☐ Direct the defendant to promote the plaintiff.
- ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- ☒ Direct the defendant to (*specify*): _____
- ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- ☐ Other (*specify*): _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of October, 2019.

Signature of Plaintiff
Address

Alfred Titus-Kings
4936 N. 19th St
PHILA, PA 19141


Telephone number

(267) 804-0238

Fax number (*if you have one*)

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 530-2019-03403	
Pennsylvania Human Relations Commission and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Mrs. Wanda R. Titus-Williams		Home Phone (Incl. Area Code) (267) 804-0238	Date of Birth
Street Address City, State and ZIP Code 4936 NORTH 19TH STREET, Philadelphia, PA 19141			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name SEPTA		No. Employees, Members Unknown	Phone No. (Include Area Code) (215) 580-7315
Street Address City, State and ZIP Code 1234 MARKET STREET, Philadelphia, PA 19107			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)			DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 01-01-2018 07-09-2018 <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I worked for the Respondent as a Bus Operator from December 2000 until my termination July 9, 2018. I am a disabled individual. I had back surgery in or around July 4, 2018. I was told by Respondent to report to work on or about July 9, 2018. I needed another year to recover. I believe that I have been discriminated against based on the Americans With Disabilities Act of 1990 (ADA) as amended.			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> Jul 23, 2019 <small>Date</small> </div> <div style="text-align: center;">  <small>Charging Party Signature</small> </div> </div>	NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <small>(month, day, year)</small>
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EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s):	
		<input type="checkbox"/> FEPA	
		<input checked="" type="checkbox"/> EEOC	530-2019-03403
Pennsylvania Human Relations Commission and EEOC			
<i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)	Date of Birth
Mrs. Wanda R. Titus-Williams		(267) 804-0238	
Street Address		City, State and ZIP Code	
4936 NORTH 19TH STREET, Philadelphia, PA 19141			

EEOC Form 161-B (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: **Wanda R. Titus-Williams**
4936 NORTH 19TH STREET
Philadelphia, PA 19141

From: **Philadelphia District Office**
801 Market Street
Suite 1300
Philadelphia, PA 19107

☐

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

530-2019-03403

Legal Unit,
Legal Technician

(215) 440-2828

(See also the additional information enclosed with this form.)

NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA): This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA must be filed in a federal or state court **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

☐

More than 180 days have passed since the filing of this charge.

☒

Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.

☒

The EEOC is terminating its processing of this charge.

☐

The EEOC will continue to process this charge.

Age Discrimination in Employment Act (ADEA): You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, the paragraph marked below applies to your case:

☐

The EEOC is closing your case. Therefore, your lawsuit under the ADEA must be filed in federal or state court **WITHIN 90 DAYS** of your receipt of this Notice. Otherwise, your right to sue based on the above-numbered charge will be lost.

☐

The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred **more than 2 years (3 years)** before you file suit may not be collectible.

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission



07/25/2019

Enclosures(s)

Jamie R. Williamson,
District Director

(Date Mailed)

CC:

Kafi Alade
EEO Coordinator, EEO/AA Employee Relations Department
SEPTA-
1234 Market Street, 9th Floor
Philadelphia, PA 19107

BUILDING THE FUTURE

**Southeastern Pennsylvania Transportation Authority
Victory District
110 Victory Avenue, 2nd Floor • Upper Darby, PA 19082**



January 18, 2018

Ms. Wanda Titus-Williams
4936 N. 19th St.
Philadelphia, Pa. 19141

Dear Ms. Titus-Williams:

Our records indicate that you have exhausted ALL of your sick benefits related to your back injury/illness. You are hereby notified that you do not have any further sick time and or pay. Further call offs for this injury/illness not approved under FMLA will result in immediate termination of employment with the Authority.

If you have any questions, please call the District during normal business hours at 215-580-3845 or contact your Union Representative.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'James Schirg', is positioned above the printed name.

James Schirg
Director Surface Transportation
Victory District

Jms/rpt

CERTIFIED# 7013 0600 0000 2227 2963
CC SMART 1594 Waverly Harris 7013 0600 0000 2227 2925
Regular Mail

AMERIHEALTH CASUALTY
1700 Market Street, Suite 700 – Philadelphia PA 19103
Phone: (800) 335-5972 Fax: (888) 636-7725

June 06, 2018

Wanda Titus-Williams
4936 N. 19th Street
Philadelphia, PA 19141

Re: Workers' Compensation
Employer: SEPTA
Claim Number: 430-118-38914
Date of Injury: 03/12/2018

Dear Ms. Titus-Williams,

Please review the checked items below and the enclosures, and then follow the instructions provided.
Items marked for return are needed to further process or close your claim.

Please Keep For Your Records:

- Statement of Wages
- Notice of Temporary Compensation Payable
- Notice of Compensation Payable
- X Notice of Denial
- X Notice Stopping Temporary Compensation Payable
- Notice of Reinstatement of Workers Compensation Benefits
- Notice of Ability to Return to Work
- Notice of Worker's Compensation Benefit Offset
- Notice of Suspension for Failure to return forms LIBC 760
- Notification of Suspension or Modification

Please Sign and Return


~~Medical Authorization~~
~~SSDI~~
~~Medicare Verification Form~~

Please Sign and Return Original and one (1) Copy (additional copy is for your records).

~~Supplemental Agreement~~
~~Agreement for Compensation~~

If you have any questions, please contact me at 215-587-1838.

Sincerely,


Ann Ferst
Senior Claims Adjuster

CC:



NOTICE OF WORKERS' COMPENSATION DENIAL

EMPLOYEE

WANDA R TITUS-WILLIAMS
4936 N 19TH ST
PHILADELPHIA PA 19141

Date of birth

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2	2
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MM DD YYYY

County _____

Telephone 2153245966

DATE OF NOTICE

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0	6
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MM DD YYYY

DATE OF INJURY

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MM DD YYYY

SOCIAL SECURITY NUMBER

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*	*
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WC ID NUMBER

W	1	0	0	4	6	2	7	0	8
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WCAIS CLAIM NUMBER

8	0	8	6	7	9	8
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EMPLOYER

Name Southeastern Pennsylvania Transportation Authority
Address 110 VICTORY AVE
Address _____
City/Town UPPER DARBY State PA ZIP 19082-9999
County _____
Telephone 9042965055 FEIN 231642972

INSURER

Name Southeastern Pennsylvania Transportation Authority
Address 110 VICTORY AVE
Address _____
City/Town UPPER DARBY State PA ZIP 19082-9999
County _____
Telephone 9042965055 FEIN 231642972
NAIC code _____ Insurer code 0760
Insurer/Administrator claim # _____

TPA

Name Compservices Inc/AmeriHealth Casualty Services
Address 1717 ARCH ST FL 45
Address _____
City/Town PHILADELPHIA State PA ZIP 19103
County _____
Telephone 2155871214 FEIN 251686685
Insurer/Administrator claim # 7774301180038914

INJURY INFORMATION

Disc _____

Part of body injured

Nature of injury

Strain or Tear [Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.]

Accident/injury description narrative

STRAIN/NECK BACK - OPPOSING VEHICLE MADE CONTACT TO DRIVER S SIDE WINDOW, MIRROR

County _____

Check if occupational disease ☐

NOTICE TO EMPLOYEE: The employer/insurer has decided to deny you workers' compensation benefits. You have the right to contest this denial by timely filing a petition. Petitions may be either electronically filed in WCAIS or sent to the Workers' Compensation Office of Adjudication, 1010 N. Seventh St., Suite 202, Harrisburg, PA 17102-1400.

Do not use this form to accept a medical-only claim. This notice shall be sent to the employee or dependent and filed with the Bureau of Worker's Compensation via electronic format no later than 21 days after notice or knowledge to the employer of the employee's disability or death. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

(OVER)



NOTICE STOPPING TEMPORARY COMPENSATION

EMPLOYEE

WANDA R TITUS-WILLIAMS
4936 N 19TH ST
PHILADELPHIA PA 19141

Date of birth

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MM DD YYYY

County _____

Telephone 2153245966

DATE OF NOTICE

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MM DD YYYY

DATE OF INJURY

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MM DD YYYY

SOCIAL SECURITY NUMBER

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WC ID NUMBER

W	1	0	0	4	6	2	7	0	8
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WCAIS CLAIM NUMBER

8	0	8	6	7	9	8
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EMPLOYER

Name Southeastern Pennsylvania Transportation Authority
Address 110 VICTORY AVE
Address _____
City/Town UPPER DARBY State PA ZIP 19082-9999
County _____
Telephone 9042965055 FEIN 231642972

INSURER

Name Southeastern Pennsylvania Transportation Authority
Address 110 VICTORY AVE
Address _____
City/Town UPPER DARBY State PA ZIP 19082-9999
County _____
Telephone 9042965055 FEIN 231642972
NAIC code _____ Insurer code 0760
Insurer/Administrator claim # _____

NOTICE TO INSURER: This notice must be filed in WCAIS via electronic format no later than five days after the last payment of temporary compensation. A copy must be sent to the employee. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

TPA

Name Compservices Inc/AmeriHealth Casualty Services
Address 1717 ARCH ST FL 45
Address _____
City/Town PHILADELPHIA State PA ZIP 19103
County _____
Telephone 2155871214 FEIN 251686685
Insurer/Administrator claim # 7774301180038914

Specific information regarding this claim is on the reverse side of this form.

BUILDING THE FUTURE

Southeastern Pennsylvania Transportation Authority
Victory District
110 Victory Avenue, 2nd Floor • Upper Darby, PA 19082



June 26, 2018

Ms. Wanda Titus-Williams
4936 N. 19th St.
Philadelphia, Pa. 19141

Dear Ms. Titus-Williams;

We have been informed that your Injured on Duty claim from March 12, 2018 has been denied as of June 4, 2018. Since our records indicate that you have exhausted ALL of your sick benefits related to your back injury/illness, you will be given until July 9, 2018 to return to work. Failure to return to work as of Monday, July 9, 2018 will result in immediate termination of employment with the Authority for expiration of sick leave.

If you have any questions, please call the District during normal business hours at 215-580-3845 or contact your Union Representative.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'James Schirg', is positioned above the printed name.

James Schirg
Director Surface Transportation
Victory District

Jms/rpt

CERTIFIED# 7015 1520 0000 3792 4925
CC SMART 1594 Waverly Harris 7015 1520 0000 3792 4932
Regular Mail



July 02, 2018

Leave Number - 281251

WANDA TITUS-WILLIAMS
4936 N. 19TH ST.
PHILADELPHIA, PA 19141

Subject: FMLA Renewal Required

Dear Ms. TITUS-WILLIAMS:

This letter is to inform you of the status of your intermittent FMLA leave.

Your FMLA leave was approved from 01/22/2018 until 07/21/2018. Should you still need FMLA for this reason and have available time remaining, you will be required to furnish updated supporting documentation.

To request a new intermittent leave, please contact the WorkPartners Intake Line at 1-844-860-9305.

If you have any questions regarding this letter please contact me at the phone number listed below.

Sincerely,

Alyssa Weisensee
SEPTA Leave Administration Unit
412-454-0561
weisenseeam@upmc.edu



July 02, 2018

Leave Number - 281246

WANDA TITUS-WILLIAMS
4936 N. 19TH ST.
PHILADELPHIA, PA 19141

Subject: FMLA Renewal Required

Dear Ms. TITUS-WILLIAMS:

This letter is to inform you of the status of your intermittent FMLA leave.

Your FMLA leave was approved from 01/22/2018 until 07/21/2018. Should you still need FMLA for this reason and have available time remaining, you will be required to furnish updated supporting documentation.

To request a new intermittent leave, please contact the WorkPartners Intake Line at 1-844-860-9305.

If you have any questions regarding this letter please contact me at the phone number listed below.

Sincerely,

Alyssa Weisensee
SEPTA Leave Administration Unit
412-454-0561
weisenseeam@upmc.edu

BUILDING THE FUTURE

**Southeastern Pennsylvania Transportation Authority
Victory District**
110 Victory Avenue, 2nd Floor • Upper Darby, PA 19082



July 9, 2018

Ms. Wanda Titus-Williams
4936 N. 19th St.
Philadelphia, Pa. 19141

Dear Ms. Titus-Williams;

You have exhausted all of your sick leave and are hereby dropped from the rolls of the Authority effective immediately for expiration of sick leave.

If you have any questions, please call the District during normal business hours at 215-580-3845 or contact your Union Representative.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'James Schirg', is positioned above the printed name.

James Schirg
Director Surface Transportation
Victory District

Jms/rpt

CERTIFIED# 7015 1520 0000 3792 4949
CC SMART 1594 Waverly Harris 7015 1520 0000 3792 4956
Regular Mail

BUILDING THE FUTURE

Southeastern Pennsylvania Transportation Authority
Victory District
110 Victory Avenue, 2nd Floor • Upper Darby, PA 19082



July 9, 2018

Ms. Wanda Titus-Williams
4936 N. 19th St.
Philadelphia, Pa. 19141

Dear Ms. Titus-Williams;

You have exhausted all of your sick leave and are hereby dropped from the rolls of the Authority effective immediately for expiration of sick leave.

If you have any questions, please call the District during normal business hours at 215-580-3845 or contact your Union Representative.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'James Schirg', is positioned above the printed name.

James Schirg
Director Surface Transportation
Victory District

Jms/rpt

CERTIFIED# 7015 1520 0000 3792 4949
CC SMART 1594 Waverly Harris 7015 1520 0000 3792 4956
Regular Mail



Local Office
6938 Market St.
2nd Floor #3

Transportation Division

May 3, 2019

Dear Sister Wanda Titus-Williams,

I am writing this letter to inform you that unfortunately, after careful consideration of your case, including reviewing the evidence along with consulting with the International attorneys; this Union board has determined that your case does not merit arbitration. The Union does not believe that it would be successful in arbitration given the corroborating evidence for exhausting of sick leave. Accordingly, the Union will not move your case to arbitration. Despite this Committee's best efforts to persuade the Authority to reconsider their position/actions in the outcome of your case, the Authority is unwilling to do so. While I understand that this may not have been the answer you were seeking, it is the decision of the Committee.

Fraternally yours,

A handwritten signature in black ink that reads "Waverly W. Harris Sr.". The signature is written in a cursive style with a large, prominent "W" and "H".

Waverly W. Harris Sr.

President/General Chairman SMART Local 1594
(267)973-0702/ wwh70@yahoo.com

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

19

4743

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 4936 North 19th Street Phila. PA 19141Address of Defendant: 110 Victory Avenue, 2nd flr. Upper Darby, PA 19082

Place of Accident, Incident or Transaction: _____

RELATED CASE, IF ANY:

Case Number: _____ Judge: _____ Date Terminated: _____

Civil cases are deemed related when **Yes** is answered to any of the following questions:

- | | | |
|--|------------------------------|--|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

I certify that, to my knowledge, the within case ☐ is / ☒ is not related to any case now pending or within one year previously terminated action in this court except as noted above.DATE: 10/11/2019 W. Renee Jones - Jones _____

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

CIVIL: (Place a ✓ in one category only)**A. Federal Question Cases:**

- ☐ 1. Indemnity Contract, Marine Contract, and All Other Contracts
- ☐ 2. FELA
- ☐ 3. Jones Act-Personal Injury
- ☐ 4. Antitrust
- ☐ 5. Patent
- ☐ 6. Labor-Management Relations
- ☐ 7. Civil Rights
- ☐ 8. Habeas Corpus
- ☐ 9. Securities Act(s) Cases
- ☐ 10. Social Security Review Cases
- ☒ 11. All other Federal Question Cases
(Please specify): Civil Rights, ADA, FMLA

B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
- ☐ 2. Airplane Personal Injury
- ☐ 3. Assault, Defamation
- ☐ 4. Marine Personal Injury
- ☐ 5. Motor Vehicle Personal Injury
- ☐ 6. Other Personal Injury (Please specify): _____
- ☐ 7. Products Liability
- ☐ 8. Products Liability - Asbestos
- ☐ 9. All other Diversity Cases
(Please specify): _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, _____, counsel of record or pro se plaintiff, do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:☐ Relief other than monetary damages is sought.

DATE: _____

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

MAK

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

WANDA TITUS-WILLIAMS :

CIVIL ACTION

v.

SEPTA

NO. **19 4743**

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (X)

10/11/2019
Date

Wanda Titus-Williams
Pro Se Plaintiff

Telephone

FAX Number

E-Mail Address